## **BEST AVAILABLE COPY**

	PATENT A	APPLICATIO Effect	N FEE DI			ON RECOR	RD	A	pplication	or Do	ocket Num	ıber
		CLAIMS AS		PART		mn 2)	SMALI TYPE	L EN	NTITY	OR	OTHER SMALL	
ТО	TAL CLAIMS		4 (	9			RAT	E	FEE	) 	RATE	FEE
FOR		NUMBER FILED		NUMBER EXTRA		BASIC	FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			++ minus 20=		* 0		X\$ 9	)=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		* %		X42	:=		OR	X84=	46K
MULTIPLE DEPENDENT CLAIM P			RESENT			+140	)=		OR	+280=		
* If the difference in column 1 is			less than zero, enter "0" in column 2			TOTA			OR	TOTAL		
	C	LAIMS AS A	MENDED	- PAR	T II					•	OTHER	
		(Column 1)	1 .	(Colu		(Column 3)	SMA	LLI	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	BER	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	)=		OR	X\$18=	
ME	Independent	*	Minus	***		=	X42	=		OR	X84=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDEN	T CLAIM		.140				+280=	
							+140	TAL		OR	TOTAL	
					_,	<b></b>	ADDIT. F			OR ,	ADDIT. FEE	
	PERSONAL SERVICE	(Column 1)		(Colui	mn 2) HEST	(Column 3)			ABDI			ADDI
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI	IBER OUSLY FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	)=		OR	X\$18=	
	Independent	*	Minus	***		=	X42	#		OR	X84=	
Ľ	FIRST PRESE	NTATION, OF M	ULTIPLE DEF	PENDEN	I CLAIM		+140	)=		OR	+280=	
								TAL			TOTAL	
		(0.1		<b>(O</b> -l-)	0\	(O-1, 0)	ADDIT. I	FEE	<u> </u>	10	ADDIT. FEE	
		(Column 1) CLAIMS			mn 2) HEST	(Column 3)			4551			4001
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
	Independent	*	Minus	***		=	X42	=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
	If the entry in colu	ımn 1 ie loee than t	he entry in col	umn 2 writ	te "O" in co	olumn 3	+140			OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE	
· **	וו נחפ "Hignest Nu The "Highest Nur	imber Previously F nber Previously Pa	aid For" (Total o	or Independ	dent) is the	e highest number	r found in th	е ар	propriate bo	x in co	lumn 1.	

## NOTICE OF FEE DUE

DATE:	02-25-07			.s. 7543
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SUBJECT	: Fee Due			
APPLICA	TION NUMBER: 1007	7541		•
Office for authorizati	ue for the attached document submethe following reason. Please chection to charge a deposit account. If appropriate fee. If an authorization ficiency.	k the application	on for the appropriation is present, please	te
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	<b>\</b>	٠.		
The correct	ct fee code:	amount	\$	
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Fee Due		amount	=\$	<u> </u>
•	e any questions, please contact Cyuurtz at 703-308-3642.	nthia Streater a	t 703-306-5430 or	
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